

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

425

1. PLACE OF DEATH

19 County Cass  
Township Peculiar  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 156  
Primary Registration District No. 5770

File No. \_\_\_\_\_  
Registered No. 3  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Betty Lou Snow

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1932  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— — 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Missouri

13. NAME Roy Snow  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo.

15. MAIDEN NAME Minnie Marie Snow  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co.

17. INFORMANT (ADDRESS) Minnie Marie Snow  
Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Orynd Cemetery DATE Jan 15, 1932

19. UNDERTAKER (ADDRESS) Burman & Co  
Harrisonville Mo.

20. FILED Jan 16, 1932 D B Son Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 6, 1932 to Jan 14, 1932  
I last saw him alive on Jan 14, 1932. Death is said to have occurred on the date stated above, at 5:45 A.M.  
The principal cause of death and related causes of importance were as follows:

107A  
Pneumonia  
Date of onset 1-10-1932  
Other contributory causes of importance: 107A

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical & post-mortem autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ①  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Chas. E. Eder, M. D.  
(Address) Harrisonville Mo.

